

# 2002

## Behavioral Risk Factor Surveillance System

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HELLO, I'm calling for the \_\_\_\_\_ (health department) \_\_\_\_\_ and the Centers for Disease Control and Prevention. My name is \_\_\_\_\_ (name) \_\_\_\_\_. We're gathering information on the health of \_\_\_\_\_ (state) \_\_\_\_\_ residents. Your phone number has been chosen randomly, and I'd like to ask some questions about health and health practices.

Is this \_\_\_\_\_ (phone number) \_\_\_\_\_ ?      If "no"      Thank you very much, but I seem to have dialed the wrong number, It's possible that your number may be called at a later time. Stop

Is this a private residence?      If "no"      Thank you very much, but we are only interviewing private residences. Stop

I need to randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

\_\_\_\_\_ Number of adults

If "1"      Are you the adult?

If "yes"      Then you are the person I need to speak with. Enter 1 man or 1 women below (Ask gender if necessary). Go to page 2

If "no"      Is the adult a man or a woman? Enter 1 man or 1 women below. May I speak with [fill in (him/her) from previous question]? Go to "correct respondent" at bottom of page

How many of these adults are men and how many are women?

\_\_\_\_\_ Number of men

\_\_\_\_\_ Number of women

The person in your household that I need to speak with is \_\_\_\_\_.  
If "you," go to page 2

To correct respondent      HELLO, I'm \_\_\_\_\_ (name) \_\_\_\_\_ calling for the \_\_\_\_\_ (health department) \_\_\_\_\_ and the Centers for Disease Control and Prevention. We're gathering information on the health of \_\_\_\_\_ (state) \_\_\_\_\_ residents. Your phone number has been chosen randomly to be interviewed, and I'd like to ask some questions about health and health practices. I won't ask for your name, address, or other personal information that can identify you. You don't have to answer any question you don't want to, and you can end the interview at any time. The interview takes a short time and any information you give me will be confidential. If you have any questions about this survey, I will provide a telephone number for you to call to get more information.

**Section 1: Health Status**

**1.1.      Would you say that in general your health is:** **(72)**

		<b>Please Read</b>
	<b>1</b>	<b>Excellent</b>
	<b>2</b>	<b>Very good</b>
	<b>3</b>	<b>Good</b>
	<b>4</b>	<b>Fair</b>
		<b>or</b>
	<b>5</b>	<b>Poor</b>
<b>Do not read</b>	<b>7</b>	<b>Don't know/Not sure</b>
	<b>9</b>	<b>Refused</b>

## Section 2: Health Care Access

2.1. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? (73)

- |   |                     |
|---|---------------------|
| 1 | Yes                 |
| 2 | No                  |
| 7 | Don't know/Not sure |
| 9 | Refused             |

2.2. Do you have one person you think of as your personal doctor or health care provider? (74)

- |                        |   |                     |
|------------------------|---|---------------------|
| If "no," ask           | 1 | Yes, only one       |
| "Is there <u>more</u>  | 2 | More than one       |
| <u>than one</u> or is  | 3 | No                  |
| there <u>no</u> person | 7 | Don't know/Not sure |
| who you think of?"     | 9 | Refused             |

2.3 When you are sick or need advice about your health, to which one of the following places do you usually go? (75)

Would you say: [Please read]

- |   |   |
|---|---|
| 1 | A doctor's office                                 |
| 2 | A public health clinic or community health center |
| 3 | A hospital outpatient department                  |
| 4 | A hospital emergency room                         |
| 5 | Urgent care center                                |
| 6 | Some other kind of place                          |
| 8 | No usual place                                    |

Do not read.

- |   |            |
|---|------------|
| 7 | Don't know |
| 9 | Refused    |

2.4. Was there a time in the past 12 months when you needed medical care, but could not get it? (76)

- |   |                               |
|---|-------------------------------|
| 1 | Yes Go to 2.5                 |
| 2 | No Go to next section         |
| 7 | Don't know Go to next section |
| 9 | Refused Go to next section    |

2.5. What is the main reason you did not get medical care?

(77-78)

**Note: if more than one instance ask about the most recent.**

**Would you say: Please read**

- 01 Cost [Include no insurance]**
- 02 Distance**
- 03 Office wasn't open when I could get there.**
- 04 Too long a wait for an appointment**
- 05 Too long a wait in waiting room**
- 06 No child care**
- 07 No transportation**
- 08 No access for people with disabilities**
- 09 The medical provider didn't speak my language.**
- 10 Other**

**Do not read.**

- 77 Don't know/ Not sure**
- 99 Refused**

### **Section 3: Exercise**

**3.1. During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (79)**

- 1 Yes**
- 2 No**
- 7 Don't know/Not sure**
- 9 Refused**

## Section 4: Fruits and Vegetables

These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one, for example, twice a week, three times a month, and so forth. Remember, I am only interested in the foods you eat. Include all foods you eat, both at home and away from home.

4.1. How often do you drink fruit juices such as orange, grapefruit, or tomato? (80-82)

- 1 \_\_\_ Per day
- 2 \_\_\_ Per week
- 3 \_\_\_ Per month
- 4 \_\_\_ Per year
- 5 5 5 Never
- 7 7 7 Don't know/Not sure
- 9 9 9 Refused

4.2. Not counting juice, how often do you eat fruit? (83-85)

- 1 \_\_\_ Per day
- 2 \_\_\_ Per week
- 3 \_\_\_ Per month
- 4 \_\_\_ Per year
- 5 5 5 Never
- 7 7 7 Don't know/Not sure
- 9 9 9 Refused

4.3. How often do you eat green salad? (86-88)

- 1 \_\_\_ Per day
- 2 \_\_\_ Per week
- 3 \_\_\_ Per month
- 4 \_\_\_ Per year
- 5 5 5 Never
- 7 7 7 Don't know/Not sure
- 9 9 9 Refused

4.4.      How often do you eat potatoes not including french fries, fried potatoes, or potato chips?      (89-91)

- 1    \_\_\_    Per day
- 2    \_\_\_    Per week
- 3    \_\_\_    Per month
- 4    \_\_\_    Per year
- 5    5    5    Never
- 7    7    7    Don't know/Not sure
- 9    9    9    Refused

4.5.      How often do you eat carrots?      (92-94)

- 1    \_\_\_    Per day
- 2    \_\_\_    Per week
- 3    \_\_\_    Per month
- 4    \_\_\_    Per year
- 5    5    5    Never
- 7    7    7    Don't know/Not sure
- 9    9    9    Refused

4.6.      Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat?

- Example:  
A serving of  
vegetables at  
both lunch  
and dinner  
would be two  
servings
- 1    \_\_\_    Per day
  - 2    \_\_\_    Per week
  - 3    \_\_\_    Per month
  - 4    \_\_\_    Per year
  - 5    5    5    Never
  - 7    7    7    Don't know/Not sure
  - 9    9    9    Refused
- (95-97)



**Section 5: Asthma**

**5.1. Have you ever been told by a doctor, nurse or other health professional that you had asthma?**

**(98)**

- 1 Yes**
- 2 No Go to Q6.1**
- 7 Don't know/Not sure Go to Q6.1**
- 9 Refused Go to Q6.1**

**(99)**

**5.2. Do you still have asthma?**

- 1 Yes**
- 2 No**
- 7 Don't know/Not sure**
- 9 Refused**

Section 6: Diabetes

6.1. Have you ever been told by a doctor that you have diabetes? (100)

If "Yes" and	1	Yes
female, ask	2	Yes, but female told only during pregnancy
"Was this	3	No
only when	7	Don't know/Not sure
you were pregnant	9	Refused

## Section 7: Oral Health

7.1. How long has it been since you last visited a dentist or a dental clinic for any reason?(101)

**Read Only if Necessary**

<b>Include</b>	<b>1</b>	<b>Within the past year (anytime less than 12 months ago)</b>
<b>visits to</b>	<b>2</b>	<b>Within the past 2 years (1 year but less than 2 years ago)</b>
<b>dental spec-</b>	<b>3</b>	<b>Within the past 5 years (2 years but less than 5 years ago)</b>
<b>ialists, such</b>	<b>4</b>	<b>5 or more years ago</b>
<b>as ortho-</b>	<b>7</b>	<b>Don't know/Not sure</b>
<b>dontists</b>	<b>8</b>	<b>Never</b>
	<b>9</b>	<b>Refused</b>

7.2. How many of your permanent teeth have been removed because of tooth decay or gum disease? Do not include teeth lost for other reasons, such as injury or orthodontics.  
(102)

<b>Include teeth</b>	<b>1</b>	<b>1 to 5</b>
<b>lost due to</b>	<b>2</b>	<b>6 or more but not all</b>
<b>"infection"</b>	<b>3</b>	<b>All</b>
	<b>8</b>	<b>None</b>
	<b>7</b>	<b>Don't know/Not sure</b>
	<b>9</b>	<b>Refused</b>

IF Q7.1 = 8/NEVER OR Q7.2 = 3/ALL, SKIP TO NEXT SECTION

7.3. How long has it been since you had your teeth cleaned by a dentist or dental hygienist? (103)

**Read Only if Necessary**

<b>1</b>	<b>Within the past year (anytime less than 12 months ago)</b>
<b>2</b>	<b>Within the past 2 years (1 year but less than 2 years ago)</b>
<b>3</b>	<b>Within the past 5 years (2 years but less than 5 years ago)</b>
<b>4</b>	<b>5 or more years ago</b>
<b>7</b>	<b>Don't know/Not sure</b>
<b>8</b>	<b>Never</b>
<b>9</b>	<b>Refused</b>

## Section 8: Immunization

8.1. During the past 12 months, have you had a flu shot? (104)

- 1 Yes
- 2 No **Go to Q8.3**
- 7 Don't know/Not sure **Go to Q8.3**
- 9 Refused **Go to Q8.3**

8.2. At what kind of place did you get your last flu shot? (105-106)

**[READ ONLY IF NECESSARY]**

- 01 A doctor's office or health maintenance organization
- 02 A health department
- 03 Another type of clinic or health center  
**[Example: a community health center]**
- 04 A senior, recreation, or community center
- 05 A store **[Examples: supermarket, drug store]**
- 06 A hospital or emergency room
- 07 Workplace  
or
- 08 Some other kind of place
- 77 Don't know
- 99 Refused

**8.3. Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine. (107)**

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

## Section 9: Tobacco Use

9.1. Have you smoked at least 100 cigarettes in your entire life? (108)

**5 packs  
= 100  
cigarettes**

1	Yes
2	No <b>Go to Q10.1</b>
7	Don't know/Not sure <b>Go to Q10.1</b>
9	<b>Refused Go to Q10.1</b>

9.2. Do you now smoke cigarettes every day, some days, or not at all? (109)

1	Every day
2	Some days
3	Not at all <b>Go to Q10.1</b>
9	<b>Refused Go to Q10.1</b>

9.3. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (110)

1	Yes
2	No
7	Don't know/Not sure
9	Refused

## Section 10: Alcohol Consumption

- 10.1.** A drink of alcohol is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. During the past 30 days, how many days per week or per month did you have at least 1 drink of any alcoholic beverage? **(111-113)**

1 \_\_ \_\_ Days per week  
 2 \_\_ \_\_ Days in past 30  
 8 8 8 No drinks in past 30 days Go to Q11.1  
 7 7 7 Don't know/Not sure  
 9 9 9 Refused Go to 11.1

- 10.2.** On the days when you drank, about how many drinks did you drink on the average? **(114-115)**

\_\_ \_\_ Number of drinks  
 7 7 Don't know/Not sure  
 9 9 Refused

- 10.3.** Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an occasion? **(116-117)**

\_\_ \_\_ Number of times  
 8 8 None  
 7 7 Don't know/Not sure  
 9 9 Refused

- 10.4** During the past 30 days, how many times have you driven when you've had perhaps too much to drink? **(118-119)**

\_\_ \_\_ Number of times  
 88 None  
 77 Don't know/Not sure  
 99 Refused

**Section 11: Use of Seatbelts****11.1 How often do you use seatbelts when you drive or ride in a car?****(120)**

- 1 Always**
- 2 Nearly always**
- 3 Sometimes**
- 4 Seldom**
- 5 Never**

**Do not read**

- 7 Don't know/Not sure**
- 8 Never drive or ride in a car**
- 9 Refused**

Section 12: Demographics

12.1.   What is your age? (121-122)

- —

Code age in years
- 0 7

Don't know/Not sure
- 0 9

Refused

12.2.   Are you Hispanic or Latino? (123)

- 1

Yes
- 2

No
- 7

Don't know/Not sure
- 9

Refused

12.3.   Which one or more of the following would you say is your race? (124-129)

- Mark all  
that apply

1

White

2

Black or African American

3

Asian

4

Native Hawaiian or Other Pacific Islander

5

American Indian, Alaska Native

or

6

Other [specify]

8

No additional choices

7

Don't know/Not sure

9

Refused

Do not read

7

Don't know/Not sure

9

Refused

If more than one response to Q12.3, continue. Otherwise, go to Q12.5



12.4. Which one of these groups would you say best represents your race? (130)

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native
- 6 Other [specify]
- 7 Don't know/Not sure
- 9 Refused

12.5. Are you: (131)

Please Read

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married
- or
- 6 A member of an unmarried couple

Do not read 9 Refused

12.6. How many children less than 18 years of age live in your household ? (132-133)

- — Number of children
- 8 8 None
  - 9 9 Refused

12.7. What is the highest grade or year of school you completed? (134)

Read Only if Necessary

- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (Elementary)
- 3 Grades 9 through 11 (Some high school)
- 4 Grade 12 or GED (High school graduate)
- 5 College 1 year to 3 years (Some college or technical school)
- 6 College 4 years or more (College graduate)
- 9 Refused

12.8. Are you currently: (135)

Please Read

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for more than 1 year
- 4 Out of work for less than 1 year
- 5 A Homemaker
- 6 A Student
- 7 Retired
- or
- 8 Unable to work

Do not read 9 Refused

12.9. Is your annual household income from all sources: (136-137)

Read as Appropriate

If respondent refuses at any income level, code refused	04	Less than \$25,000 If "no," ask 05; if "yes," ask 03 (\$20,000 to less than \$25,000)
	03	Less than \$20,000 If "no," code 04; if "yes," ask 02 (\$15,000 to less than \$20,000)
	02	Less than \$15,000 If "no," code 03; if "yes," ask 01 (\$10,000 to less than \$15,000)
	01	Less than \$10,000 If "no," code 02
	05	Less than \$35,000 If "no," ask 06 (\$25,000 to less than \$35,000)
	06	Less than \$50,000 If "no," ask 07 (\$35,000 to less than \$50,000)
	07	Less than \$75,000 If "no," code 08 (\$50,000 to less than \$75,000)
	08	\$75,000 or more
	Do not read	77
	99	Refused

12.10. About how much do you weigh without shoes? (138-140)

Round fractions up	___	___	Weight
	pounds		
	7	7	7 Don't know/Not sure
	9	9	9 Refused

12.11. About how tall are you without shoes? (141-143)

Round fractions down	___	/	___	Height
	ft/inches			
	7	7	7 Don't know/Not sure	
	9	9	9 Refused	

12.12. What county do you live in? (144-146)

___	___	___	FIPS county code
7	7	7 Don't know/Not sure	
9	9	9 Refused	

12.13. Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine. (147)

1	Yes
2	No Go to Q12.15
7	Don't know/Not sure Go to Q12.15

9 Refused Go to Q12.15

12.14. How many of these are residential numbers? (148)

- Residential telephone numbers [6=6 or more]  
7 Don't know/Not sure  
9 Refused

12.15. Indicate sex of respondent. Ask only if necessary (149)

- 1 Male Go to Q13.1  
2 Female

If respondent 45 years old or older, go to Q13.1.
---

(150)

12.16. To your knowledge, are you now pregnant?

- 1 Yes  
2 No  
7 Don't know/Not sure  
9 Refused

## Section 13: Family Planning

**If respondent is female and 45 years of age or older, or pregnant , or male 60 years or older, go to next section.**

Questions are asked of females 18-44 years of age and males 18-59 years of age

The next few questions ask about pregnancy and ways to prevent pregnancy.

13.1. Are you or your [if female, insert husband/partner; if male, insert wife/partner] doing anything now to keep [if female, insert "you"; insert "her" if male] from getting pregnant? Some things people do to keep from getting pregnant include not having sex at certain times, using birth control methods such as the pill, Norplant, shots or Depo-provera, condoms, diaphragm, foam, IUD, having their tubes tied, or having a vasectomy.

(If multiple partners, consider usual method.)

(151)

- 1 Yes
- 2 No Go to Q13.4
- 3 No partner/not sexually active Go to 14.1
- 4 Same sex partner Go to 14.1
- 7 Don't know/Not sure Go to 14.1
- 9 Refused Go to 14.1

13.2. What are you or your [if female, insert husband/partner; if male, insert wife/partner] doing now to keep [if female, insert "you"; insert "her" if male] from getting pregnant? (152-153)

(INTERVIEWER: Record respondent's condition if both have had sterilization procedures)

Read Only if Necessary

- 01 Tubes tied (sterilization) Go to 14.1
- 02 Vasectomy (sterilization) Go to 14.1
- 03 Pill
- 04 Condoms
- 05 Foam, jelly, cream
- 06 Diaphragm
- 07 Norplant
- 08 IUD
- 09 Shots (Depo-Provera)
- 10 Withdrawal
- 11 Not having sex at certain times (rhythm)
- 12 No partner/Not sexually active Go to 14.1
- 13 Other method(s)
- 77 Don't know/not sure Go to 14.1
- 99 Refused Go to 14.1

**13.3. What other method are you also using to prevent pregnancy? (154-155)**  
**Read only if necessary**

- 01 Tubes tied (sterilization) Go to 14.1
- 02 Vasectomy (sterilization) Go to 14.1
- 03 Pill Go to 14.1
- 04 Condoms Go to 14.1
- 05 Foam, jelly, cream Go to 14.1
- 06 Diaphragm Go to 14.1
- 07 Norplant Go to 14.1
- 08 IUD Go to 14.1
- 09 Shots (Depo-Provera) Go to 14.1
- 10 Withdrawal Go to 14.1
- 11 Not having sex at certain times (rhythm) Go to 14.1
- 12 No partner/Not sexually active Go to 14.1
- 13 Other methods(s) Go to 14.1
  
- 87 NO other method(s) Go to 14.1
  
- 77 Don't know/not sure Go to 14.1
- 99 Refused Go to 14.1

Go to next section

**13.4. [FEMALES] What is your main reason for not doing anything to keep you from getting pregnant?**  
**[MALES] What is your main reason for not doing anything to keep your partner from getting pregnant? (156-157)**  
**Read Only if Necessary**

- 01 Not sexually active/no partner
- 02 Didn't think was going to have sex/no regular partner
- 03 You want a pregnancy
- 04 You or your partner don't want to use birth control
- 05 You or your partner don't like birth control/fear side effects
- 06 You can't pay for birth control
- 07 Lapse in use of a method
- 08 Don't think you or your partner can get pregnant
- 09 You or your partner had tubes tied (sterilization)
- 10 You or your partner had a vasectomy (sterilization)
- 11 You or your partner had a hysterectomy
- 12 You or your partner are too old
- 13 You or your partner are currently breast-feeding
- 14 You or your partner just had a baby/postpartum
- 15 Other reason
- 16 Don't care if get pregnant
- 18 Partner is pregnant now
  
- 77 Don't know/not sure
- 99 Refused

If respondent is male, go to next section.

## Section 14: Women's Health

14.1. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?

(158)

- 1 Yes
- 2 No Go to Q14.3
- 7 Don't know/Not sure Go to Q14.3
- 9 Refused Go to Q14.3

14.2. How long has it been since you had your last mammogram?

(159)

Read only if Necessary

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less 5 years ago)
- 5 5 or more years ago
- 7 Don't know/Not sure
- 9 Refused

14.3. A clinical breast exam is when a doctor, nurse or other health professional feels the breast for lumps. Have you ever had a clinical breast exam?

(160)

- 1 Yes
- 2 No Go to Q14.5
- 7 Don't know/Not sure Go to Q14.5
- 9 Refused Go to Q14.5

14.4. How long has it been since your last breast exam?

(161)

Read Only if Necessary

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
- 7 Don't know/Not sure
- 9 Refused

14.5. A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear?

(162)

- 1 Yes
- 2 No Go to Q14.7
- 7 Don't know/Not sure Go to Q14.7
- 9 Refused Go to Q14.7

14.6. How long has it been since you had your last Pap smear?

(163)

**Read Only if Necessary**

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
- 7 Don't know/Not sure
- 9 Refused

If response to Q 13.4 is 11 (had hysterectomy) or Q 12.16 is 1 (is pregnant) then go to next section.

(164)

14.7. Have you had a hysterectomy?

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>1 Yes</li> </ul> | <ul style="list-style-type: none"> <li>2 No</li> <li>7 Don't know/Not sure</li> <li>9 Refused</li> </ul> |
|---|--|
- A hysterectomy is an operation to remove the uterus (womb)**



## Section 15: Prostate Cancer Screening

If respondent is 39 years old or younger, or is female, go to Q16.1

**15.1. A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test?** (165)

- 1 Yes
- 2 No Go to Q15.3
- 7 Don't Know/not Sure Go to Q15.3
- 9 Refused Go to Q15.3

**15.2. How long has it been since you had your last PSA test?** (166)

Read Only if Necessary

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years)
- 3 Within the past 3 years (2 years but less than 3 years)
- 4 Within the past 5 years (3 years but less than 5 years)
- 5 5 or more years ago
- 7 Don't know
- 9 Refused

**15.3. A digital rectal exam is an exam in which a doctor, nurse or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam?**

(167)

- 1 Yes
- 2 No Go to Q15.5
- 7 Don't know/Not sure Go to Q15.5
- 9 Refused Go to Q15.5

**15.4. How long has it been since your last digital rectal exam?** (168)

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years)
- 3 Within the past 3 years (2 years but less than 3 years)
- 4 Within the past 5 years (3 years but less than 5 years)
- 5 5 or more years ago
- 7 Don't know/Not sure
- 9 Refused

**15.5. Have you ever been told by a doctor, nurse or other health professional that you had prostate cancer?** (169)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

## Section 16: Colorectal Cancer Screening

**If respondent 49 years old or younger, go to Q17.1**

**16.1. A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit? (170)**

- 1 Yes**
- 2 No Go to Q16.3**
- 7 Don't know/Not sure Go to Q16.3**
- 9 Refused Go to Q16.3**

**16.2. How long has it been since you had your last blood stool test using a home kit? (171)**

**Read Only if Necessary**

- 1 Within the past year (anytime less than 12 months ago)**
- 2 Within the past 2 years (1 year but less than 2 years ago)**
- 3 Within the past 5 years (2 years but less than 5 years ago)**
- 4 5 or more years ago**
- 7 Don't know/Not sure**
- 9 Refused**

**16.3. Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the bowel for signs of cancer or other health problems. Have you ever had either of these exams? (172)**

- 1 Yes**
- 2 No Go to 17.1**
- 7 Don't know/Not sure Go to 17.1**
- 9 Refused Go to 17.1**

**16.4. How long has it been since you had your last sigmoidoscopy or colonoscopy? (173)**

**Read Only if Necessary**

- 1 Within the past year (anytime less than 12 months ago)**
- 2 Within the past 2 years (1 year but less than 2 years ago)**
- 3 Within the past 5 years (2 years but less than 5 years ago)**
- 4 Within the past 10 years (5 years but less than 10 years ago)**
- 5 10 or more years ago**
- 7 Don't know/Not sure**
- 9 Refused**

## Section 17: HIV/AIDS

**If respondent is 65 years old or older, go to next section**

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to.

I'm going to read two statements about HIV, the virus that causes AIDS. After I read each one, please tell me whether you think it is true or false, or if you don't know.

17.1. A pregnant woman with HIV can get treatment to help reduce the chances that she will pass the virus on to her baby. (174)

- 1 True
- 2 False
- 7 Don't know/Not Sure
- 9 Refused

17.2. There are medical treatments available that are intended to help a person who is infected with HIV to live longer. (175)

- 1 True
- 2 False
- 7 Don't know/Not Sure
- 9 Refused

17.3. How important do you think it is for people to know their HIV status by getting tested? (176)

Would you say:

Please Read

- 1 Very important
- 2 Somewhat important
- or
- 3 Not at all important

Do not read

- 8 Depends on risk
- 7 Don't know/Not sure
- 9 Refused

17.4. Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. (177)

- Include saliva tests
- 1

Yes
- 2

No Go to Q17.8
- 7

Don't know/Not sure Go to Q17.8
- 9

Refused Go to Q17.8

17.5. Not including blood donations, in what month and year was your last HIV test? (178-183)  
interviewer note: If response is before January 1985 code "don't know".

- Include saliva tests
- 7

7

7

7

7

7

7

7

/

9

9

9

9

9

9

9

9

Code month and year

Don't know/Not sure

Refused

17.6. I am going to read you a list of reasons why some people have been tested for HIV. Not including blood donations, which of these would you say was the MAIN reason for your last HIV test? (184-185)

Please Read

- —

Reason code
- 01

It was required
- 02

Someone suggested you should be tested
- 03

You thought you may have gotten HIV through sex or drug use
- 04

You just wanted to find out whether you had HIV
- 05

You were worried that you could give HIV to someone
- 06

IF FEMALE: You were pregnant
- 07

It was done as part of a routine medical check-up
- 08

Or you were tested for some other reason

- Do not read
- 7 7

Don't Know/Not Sure
- 9 9

Refused

- 17.7. Where did you have your last HIV test—at a private doctor or HMO office, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, at home, or somewhere else?  
(186-187)

—	Facility code
01	Private doctor or HMO
02	Counseling and testing site
03	Hospital
04	Clinic
05	In a jail or prison (or other correctional facility)
06	Home
07	Somewhere else

Do not read    7 7    Don't Know/Not Sure  
                    9 9    Refused

- 17.8 I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You don't need to tell me which one. (188)

You have used intravenous drugs in the past year  
 You have been treated for a sexually transmitted or venereal disease in the past year  
 You have given or received money or drugs in exchange for sex in the past year  
 You had anal sex without a condom in the past year

Do any of these situations apply to you?

1	Yes
2	No
7	Don't Know/Not Sure
9	Refused

The next question is about sexually transmitted diseases other than HIV, such as syphilis, gonorrhea, chlamydia, or genital herpes.

- 17.9. In the past 12 months has a doctor, nurse or other health professional talked to you about preventing sexually transmitted diseases through condom use?  
(189)

1	Yes
2	No
7	Don't know/Not sure
9	Refused

## Section 18: Firearms

The next three questions are about firearms. We are asking these in a health survey because of our interest in firearm-related injuries.

Please include weapons such as pistols, shotguns, and rifles; but not BB guns, starter pistols, or guns that cannot fire. Include those kept in a garage, outdoor storage area, or motor vehicle.

**18.1. Are any firearms kept in or around your home? (190)**

- 1 Yes**
- 2 No Go closing statement**
- 7 Don't know/Not sure Go to closing statement**
- 9 Refused Go to closing statement**

**18.2. Are any of these firearms now loaded? (191)**

- 1 Yes**
- 2 No Go to closing statement**
- 7 Don't know/Not sure Go to closing statement**
- 9 Refused Go to closing statement**

**18.3 Are any of these loaded firearms also unlocked? By "unlocked" we mean you do not need a key or combination to get the gun or to fire it. We don't count a safety as a lock. (192)**

- 1 Yes**
- 2 No**
- 7 Don't know/Not sure**
- 9 Refused**

### Closing Statement

That's my last question. Everyone's answers will be combined to give us information about the health practices of people in this state. Thank you very much for your time and cooperation.

**OR**

**Transition to Modules and/or State-added Questions**

## Module 1: Diabetes

## To be asked following core Q6.1 if response is "yes"

1. How old were you when you were told you have diabetes? (193-194)  

— —	Code age in years [97 = 97 and older]
9 8	Don't know/Not sure
9 9	Refused
  
2. Are you now taking insulin? (195)  

1	Yes
2	No
9	Refused
  
3. Are you now taking diabetes pills? (196)  

1	Yes
2	No
7	Don't know/Not sure
9	Refused
  
4. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a health professional. (197-199)  

1 — —	Times per day
2 — —	Times per week
3 — —	Times per month
4 — —	Times per year
8 8 8	Never
7 7 7	Don't know/Not sure
9 9 9	Refused
  
5. About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do not include times when checked by a health professional. (200-202)  

1 — —	Times per day
2 — —	Times per week
3 — —	Times per month
4 — —	Times per year
8 8 8	Never
5 5 5	No feet
7 7 7	Don't know/Not sure
9 9 9	Refused
  
6. Have you ever had any sores or irritations on your feet that took more than four weeks to heal? (203)  

1	Yes
2	No
7	Don't know/Not sure
9	Refused

7. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? (204-205)

—	—	Number of times [76 = 76 or more]
8	8	None
7	7	Don't know/Not sure
9	9	Refused

8. A test for hemoglobin "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for hemoglobin "A one C"? (206-207)

—	—	Number of times [76 = 76 or more]
8	8	None
9	8	Never heard of hemoglobin "A one C" test
7	7	Don't know/Not sure
9	9	Refused

**If "no feet" to Q5, go to Q10**

9. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (208-209)

—	—	Number of times [76 = 76 or more]
8	8	None
7	7	Don't know/Not sure
9	9	Refused



10. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light. (210)

**Read Only if Necessary**

- 1 Within the past month (anytime less than 1 month ago)
- 2 Within the past year (1 month but less than 12 months ago)
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 2 or more years ago
- 8 Never
- 7 Don't know/Not sure
- 9 Refused

11. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? (211)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

12. Have you ever taken a course or class in how to manage your diabetes yourself? (212)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

## Module 2: Hypertension Awareness

1. Have you ever been told by a doctor, nurse or other health professional that you have high blood pressure? (213)

<b>If "Yes" and female, ask "Was this only when you were pregnant</b>	<b>1</b>	<b>Yes</b>
	<b>2</b>	<b>Yes, but female told only during pregnancy Go to next module</b>
	<b>3</b>	<b>No Go to next module</b>
	<b>7</b>	<b>Don't know/Not sure Go to next module</b>
	<b>9</b>	<b>Refused Go to next module</b>

2. Are you currently taking medicine for your high blood pressure? (214)

1	Yes
2	No
7	Don't know/Not sure
9	Refused

**Module 3: Cholesterol Awareness**

1. Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked? (215)

1 Yes  
2 No **Go to next module**  
7 Don't know/Not sure **Go to next module**  
9 Refused **Go to next module**

2. About how long has it been since you last had your blood cholesterol checked? (216)

**Read Only if Necessary**

1 Within the past year (anytime less than 12 months ago)  
2 Within the past 2 years (1 year but less than 2 years ago)  
3 Within the past 5 years (2 years but less than 5 years ago)  
4 5 or more years ago  
7 Don't know/Not sure  
9 Refused

3. Have you ever been told by a doctor, nurse or other health professional that your blood cholesterol is high? (217)

1 Yes  
2 No  
7 Don't know/Not sure  
9 Refused

## Module 4: Physical Activity

If "employed" or "self-employed" to core Q12.8, continue. Otherwise go to Q2.

1. When you are at work, which of the following best describes what you do? (218)

Would you say: **Please Read**

**If respondent has  
multiple jobs,  
include all jobs**

- 1 Mostly sitting or standing  
2 Mostly walking  
or  
3 Mostly heavy labor or physically demanding work

**Do not read**

- 7 Don't know/Not sure  
9 Refused

We are interested in two types of physical activity: vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate.

2. Now, thinking about the moderate physical activities you do **[fill in (when you are not working) if "employed" or "self-employed" to core Q12.8]** in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes small increases in breathing or heart rate? (219)

- 1 Yes  
2 No **Go to Q5**  
7 Don't know/Not sure **Go to Q5**  
9 Refused **Go to Q5**

3. How many days per week do you do these moderate activities for at least 10 minutes at a time? (220-221)

- Days per week  
8 8 Do not do any moderate physical activity for at least 10 minutes at a time **Go to Q5**  
7 7 Don't know/Not sure  
9 9 Refused

4. On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities? (222-224)

\_\_ : \_\_ \_\_ Hours and minutes per day  
 7 7 7 Don't know/Not sure  
 9 9 9 Refused

5. Now thinking about the vigorous physical activities you do **[fill in (when you are not working) if "employed" or "self-employed" to core Q12.8]** in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate? (225)

1 Yes  
 2 No **Go to next module**  
 7 Don't know/Not sure **Go to next module**  
 9 Refused **Go to next module**

6. How many days per week do you do these vigorous activities for at least 10 minutes at a time? (226-227)

\_\_ \_\_ Days per week  
 8 8 Do not do any vigorous physical activity for at least 10 minutes at a time **Go to next module** 7 7  
 Don't know/Not sure **Go to next module**  
 9 9 Refused **Go to next module**

7. On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities? (228-230)

\_\_ : \_\_ \_\_ Hours and minutes per day  
 7 7 7 Don't know/Not sure  
 9 9 9 Refused

## Module 5: Healthy Days - Health-Related Quality of Life

Earlier, I asked you to rate your general health as excellent, very good, good, fair, or poor.

1. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (231-232)

—	—	Number of days
8	8	None
7	7	Don't know/Not sure
9	9	Refused

2. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (233-234)

—	—	Number of days
8	8	None <b>If Q1 also "None", skip to next module</b>
7	7	Don't know/Not sure
9	9	Refused

3. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (235-236)

—	—	Number of days
8	8	None
7	7	Don't know/Not sure
9	9	Refused

**Module 6: Quality of Life**

1. Are you limited in any way in any activities because of physical, mental, or emotional problems?

(237)

- |   |                     |
|---|---------------------|
| 1 | Yes                 |
| 2 | No                  |
| 7 | Don't know/Not sure |
| 9 | Refused             |

2. Do you now have any health problem that requires you to use special equipment, such as a cane, a wheel chair, a special bed, or a special telephone?

(238)

**Include occasional use or use in certain circumstances**

- |   |                     |
|---|---------------------|
| 1 | Yes                 |
| 2 | No                  |
| 7 | Don't know/Not sure |
| 9 | Refused             |

If "yes" to Q1 or "yes" to Q2, continue. Otherwise go to Q7.
--

3. What is your major impairment or health problem?

(239-240)

— —	Reason code
	<b>Read Only if Necessary</b>
0 1	Arthritis/rheumatism
0 2	Back or neck problem
0 3	Fractures, bone/joint injury
0 4	Walking problem
0 5	Lung/breathing problem
0 6	Hearing problem
0 7	Eye/vision problem
0 8	Heart problem
0 9	Stroke problem
1 0	Hypertension/high blood pressure
1 1	Diabetes
1 2	Cancer
1 3	Depression/anxiety/emotional problem
1 4	Other impairment/problem
7 7	Don't know/Not sure
9 9	Refused

4. For how long have your activities been limited because of your major impairment or health problem? (241-243)

1	— —	Days
2	— —	Weeks
3	— —	Months
4	— —	Years
7	7 7	Don't know/Not Sure
9	9 9	Refused

5. Because of any impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house? (244)

1	Yes
2	No
7	Don't know/Not sure
9	Refused

6. Because of any impairment or health problem, do you need the help of other persons in handling your ROUTINE needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes? (245)

1	Yes
2	No
7	Don't know/Not sure
9	Refused

7. During the past 30 days, for about how many days did pain make it hard for you to do your usual activities, such as self-care, work, or recreation? (246-247)

— —	Number of days
8 8	None
7 7	Don't know/Not sure
9 9	Refused

8. During the past 30 days, for about how many days have you felt sad, blue, or depressed? (248-249)

— —	Number of days
8 8	None
7 7	Don't know/Not sure
9 9	Refused

9. During the past 30 days, for about how many days have you felt worried, tense, or anxious? (250-251)

— —	Number of days
8 8	None
7 7	Don't know/Not sure
9 9	Refused

10. During the past 30 days, for about how many days have you felt you did not get enough rest or sleep? (252-253)

— —	Number of days
8 8	None
7 7	Don't know/Not sure
9 9	Refused

11. During the past 30 days, for about how many days have you felt very healthy and full of energy?



(254-255)

<u>      </u>		Number of days
8	8	None
7	7	Don't know/Not sure
9	9	Refused

## Module 7: Health Care Coverage and Utilization

1. About how long has it been since you last visited a doctor for a routine checkup? (256)

<b>A routine checkup is a general physical exam, not an exam for a specific injury, illness or condition</b>		<b>Read Only if Necessary</b>
	1	Within the past year (anytime less than 12 months ago)
	2	Within the past 2 years (1 year but less than 2 years ago)
	3	Within the past 5 years (2 years but less than 5 years ago)
	4	5 or more years ago
	7	Don't know/Not sure
	8	Never
	9	Refused

If "no" to Q2.1 continue, else go to next module

Previously you said that you did not have any kind of health care coverage.

2. What is the main reason you are without health care coverage? (257-258)

— —	Reason code
	<b>Read Only if Necessary</b>
0 1	Lost job or changed employers
0 2	Spouse or parent lost job or changed employers <b>[includes any person who had been providing insurance prior to job loss or change]</b>
0 3	Became divorced or separated
0 4	Spouse or parent died
0 5	Became ineligible because of age or because left school
0 6	Employer doesn't offer or stopped offering coverage
0 7	Cut back to part time or became temporary employee
0 8	Benefits from employer or former employer ran out
0 9	Couldn't afford to pay the premiums
1 0	Insurance company refused coverage
1 1	Lost Medicaid or Medical Assistance eligibility
8 7	Other
7 7	Don't know/Not sure
9 9	Refused

3. About how long has it been since you had health care coverage? (259)

	<b>Read Only if Necessary</b>
1	Within the past 6 months (anytime less than 6 months ago)
2	Within the past year (6 months but less than 12 months ago)
3	Within the past 2 years (1 year but less than 2 years ago)
4	Within the past 5 years (2 years but less than 5 years ago)
5	5 or more years ago
7	Don't know/Not sure
8	Never
9	Refused

## Module 8: Adult Asthma History

If "yes" to core Q5.1, continue. .
------------------------------------

Previously you said you were told by a doctor, nurse or other health professional that you had asthma.

1. How old were you when you were first told by a doctor, nurse or other health professional that you had asthma?

(260-261)

— —	Age in years 11 or older [96 = 96 and older]
9 7	Age 10 or younger
9 8	Don't know/Not sure
9 9	Refused

If "yes" to core Q5.2, continue. .
------------------------------------

2. During the past 12 months, have you had an episode of asthma or an asthma attack? (262)

1	Yes
2	No
7	Don't know/Not sure
9	Refused

3. During the past 12 months, how many times did you visit an emergency room or urgent care center because of your asthma? (263-264)

— —	Number of visits [87 = 87 or more]
8 8	None
9 8	Don't know/Not sure
9 9	Refused

4. [If one or more visits to Q3, fill in (Besides those emergency room visits,)] During the past 12 months, how many times did you see a doctor, nurse or other health professional for urgent treatment of worsening asthma symptoms? (265-266)

— —	Number of visits [87 = 87 or more]
8 8	None
9 8	Don't know/Not sure
9 9	Refused

5. During the past 12 months, how many times did you see a doctor, nurse or other health professional for a routine checkup for your asthma? (267-268)

— —	Number of visits [87 = 87 or more]
8 8	None
9 8	Don't know/Not sure
9 9	Refused

6. During the past 12 months, how many days were you unable to work or carry out your usual activities because of your asthma? (269-271)

—	—	—	Number of days
8	8	8	None
7	7	7	Don't know/Not sure
9	9	9	Refused

7. Symptoms of asthma include cough, wheezing, shortness of breath, chest tightness and phlegm production when you don't have a cold or respiratory infection. During the past 30 days, how often did you have any symptoms of asthma? (272)

Would you say:	Please Read
8	Not at any time Go to Q9
1	Less than once a week
2	Once or twice a week
3	More than 2 times a week, but not every day
4	Every day, but not all the time
	or
5	Every day, all the time
Do not read	7 Don't know/Not sure
	9 Refused

8. During the past 30 days, how many days did symptoms of asthma make it difficult for you to stay asleep?

(273)

Would you say:	Please Read
8	None
1	One or two
2	Three to four
3	Five
4	Six to ten
	or
5	More than ten
Do not read	7 Don't know/Not sure
	9 Refused

9. During the past 30 days how often did you take asthma medication that was prescribed or given to you by doctor? This includes using an inhaler. (274)

Would you say: Please Read

- |   |   |
|---|---|
| 8 | Didn't take any                             |
| 1 | Less than once a week                       |
| 2 | Once or twice a week                        |
| 3 | More than 2 times a week, but not every day |
| 4 | Once every day                              |
|   | or  |
| 5 | 2 or more times every day                   |
| 7 | Don't know/Not sure                         |
| 9 | Refused                                     |

Do not read

## Module 9: Childhood Asthma

If "no children" to core Q12.6, go to next module
---

1. Earlier you said there were [fill in number from core Q12.6] children age 17 or younger living in your household. How many of these children have ever been diagnosed with asthma? (275-276)

— —	Number of children
8 8	None Go to Next Module
7 7	Don't know Go to Next Module
9 9	Refused Go to Next Module

2. [Fill in (Does this child/How many of these children) from Q1] still have asthma? (277-278)

— —	Number of children
8 8	None
7 7	Don't know
9 9	Refused

If only one child from Q1  
and response is "yes" to Q2  
code "01". If response is  
"no" code '88'.

## Module 10: Heart Attack and Stroke

Now I would like to ask you about your knowledge of the signs and symptoms of a heart attack and stroke.

1. Which of the following do you think is a symptom of a heart attack. For each, tell me yes, no, or you're not sure.

a. Do you think pain or discomfort in the jaw, neck, or back are symptoms of a heart attack?  
(279)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

b. Do you think feeling weak, lightheaded, or faint are symptoms of a heart attack?  
(280)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

c. (Do you think) chest pain or discomfort (are symptoms of a heart attack?) (281)

- 2 No
- 7 Don't know/Not sure
- 9 Refused

d. (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a heart attack?)  
(282)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

1 Yes

e. (Do you think) pain or discomfort in the arms or shoulder (are symptoms of a heart attack?) (283)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

f. (Do you think) shortness of breath (is a symptom of a heart attack?) (284)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

2. Which of the following do you think is a symptom of a stroke. For each, tell me yes, no, or you're not sure.

a. Do you think sudden confusion or trouble speaking are symptoms of a stroke? (285)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

b. Do you think sudden numbness or weakness of face, arm, or leg, especially on one side, are symptoms of a stroke? (286)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

c. (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a stroke?) (287)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused



d. (Do you think) sudden chest pain or discomfort (are symptoms of a stroke?) (288)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

e. (Do you think) sudden trouble walking, dizziness, or loss of balance (are symptoms of a stroke?) (289)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

f. (Do you think) severe headache with no known cause (is a symptom of a stroke?) (290)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

3. If you thought someone was having a heart attack or a stroke, what is the first thing you would do? (291)

- Please Read
- 1 Take them to the hospital
  - 2 Tell them to call their doctor
  - 3 Call 911
  - 4 Call their spouse or a family member
  - or
  - 5 Do something else
  - 7 Don't know/Not sure
  - 9 Refused

Do not read

**Module 11: Cardiovascular Disease****1. To lower your risk of developing heart disease or stroke, are you....**

**a. Eating fewer high fat or high cholesterol foods? (292)**

- 1 Yes**
- 2 No**
- 7 Don't know/Not sure**
- 9 Refused**

**b. Eating more fruits and vegetables? (293)**

- 1 Yes**
- 2 No**
- 7 Don't know/Not sure**
- 9 Refused**

**c. More physically active? (294)**

- 1 Yes**
- 2 No**
- 7 Don't know/Not sure**
- 9 Refused**

**2. Within the past 12 months, has a doctor, nurse, or other health professional told you to...**

**a. Eat fewer high fat or high cholesterol foods? (295)**

- 1 Yes**
- 2 No**
- 7 Don't know/Not sure**
- 9 Refused**

**b. Eat more fruits and vegetables? (296)**

- 1 Yes**
- 2 No**
- 7 Don't know/Not sure**
- 9 Refused**

c. Be more physically active? (297)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

3. Has a doctor, nurse or other health professional ever told you that you had any of the following?

a. A heart attack, also called a myocardial infarction (298)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

b. Angina or coronary heart disease (299)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

c. A stroke (300)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

If "yes" to Q3a continue. Otherwise, go to Q 5.
---

4. At what age did you have your first heart attack? (301-302)

- \_\_ \_\_ Code age in years
- 0 7 Don't know/Not sure
- 0 9 Refused

If "yes" to Q3c, continue. Otherwise, go to Q6.

5. At what age did you have your first stroke? (303-304)

Code age in years  
 0 7 Don't know/Not sure  
 0 9 Refused

If "yes" to question 3a or 3c, continue Otherwise, go to Q7.

6. After you left the hospital following your [fill in (heart attack) if "yes" to Q3a or to Q3a and Q3c; fill in (stroke) if "yes" to Q3c and "no" to Q3a], did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab."

(305)

1 Yes  
 2 No  
 7 Don't know/Not sure  
 9 Refused

If respondent is aged 35 years or older continue with Q7 otherwise go to the next module.

7. Do you take aspirin daily or every other day? (306)

1 Yes Go to Q9  
 2 No  
 7 Don't know/Not sure  
 9 Refused

8. Do you have a health problem or condition that makes taking aspirin unsafe for you? (307)

If "yes," ask "Is this a stomach condition?" Code  
 upset stomachs as stomach problems

1 Yes, not stomach related Go to Next Module  
 2 Yes, stomach problems Go to Next Module  
 3 No Go to Next Module  
 7 Don't know/Not sure Go to Next Module  
 9 Refused Go to Next Module

**9. Why do you take aspirin...**

**a. To relieve pain? (308)**

- 1 Yes**
- 2 No**
- 7 Don't know/Not sure**
- 9 Refused**

**b. To reduce the chance of a heart attack? (309)**

- 1 Yes**
- 2 No**
- 7 Don't know/Not sure**
- 9 Refused**

**c. To reduce the chance of a stroke? (310)**

- 1 Yes**
- 2 No**
- 7 Don't know/Not sure**
- 9 Refused**

**Module 12: Weight Control**

1. Are you now trying to lose weight? (311)

1 Yes Go to Q3  
 2 No  
 7 Don't know/Not sure  
 9 Refused

2. Are you now trying to maintain your current weight, that is to keep from gaining weight? (312)

1 Yes  
 2 No Go to Q6  
 7 Don't know/Not sure Go to Q6  
 9 Refused Go to Q6

3. Are you eating either fewer calories or less fat to... (313)

lose weight? [if "Yes" on Q1]

keep from gaining weight? [if "Yes" on Q2]

**Probe  
for  
which**

1 Yes, fewer calories  
 2 Yes, less fat  
 3 Yes, fewer calories and less fat  
 4 No  
 7 Don't know/Not sure  
 9 Refused

4. Are you using physical activity or exercise to... (314)

lose weight? [if "Yes" on Q1]

keep from gaining weight? [if "Yes" on Q2]

1 Yes  
 2 No  
 7 Don't know/Not sure  
 9 Refused

5. How much would you like to weigh? (315-317)

\_\_ \_\_ \_\_ Weight  
 pounds  
 7 7 7 Don't know/Not sure  
 9 9 9 Refused

6. In the past 12 months, has a doctor, nurse or other health professional given you advice about your weight?  
(318)

**Probe  
for  
which**

- |   |                              |
|---|------------------------------|
| 1 | Yes, lose weight             |
| 2 | Yes, gain weight             |
| 3 | Yes, maintain current weight |
| 4 | No                           |
| 7 | Don't know/Not sure          |
| 9 | Refused                      |

**Module 13: Folic Acid**

1. Do you currently take any vitamin pills or supplements? (319)

**Include  
liquid  
supplements**

- 1 Yes  
2 No **Go to Q5**  
7 Don't know/Not sure **Go to Q5**  
9 Refused **Go to Q5**

2. Are any of these a multivitamin? (320)

- 1 Yes **Go to Q4**  
2 No  
7 Don't know/Not sure  
9 Refused

3. Do any of the vitamin pills or supplements you take contain folic acid? (321)

- 1 Yes  
2 No **Go to Q5**  
7 Don't know/Not sure **Go to Q5**  
9 Refused **Go to Q5**

4. How often do you take this vitamin pill or supplement? (322-324)

- 1 \_\_ \_\_ Times per day  
2 \_\_ \_\_ Times per week  
3 \_\_ \_\_ Times per month  
7 7 7 Don't know/Not sure  
9 9 9 Refused



**If respondent 45 years old or older, go to next module.**

5. Some health experts recommend that women take 400 micrograms of the B vitamin folic acid, for which one of the following reasons... (325)

**Please Read**

- 1 To make strong bones
- 2 To prevent birth defects
- 3 To prevent high blood pressure
- or
- 4 Some other reason

**Do not read**

- 7 Don't know/Not sure
- 9 Refused

**Module 14: Tobacco Indicators**

<b>If "yes" to core Q9.1, continue. Otherwise, go to Q6</b>
---

Previously you said you have smoked cigarettes.

1. How old were you the first time you smoked a cigarette, even one or two puffs? (326-327)

—	—	Code age in years
7	7	Don't know/Not sure
9	9	Refused

2. How old were you when you first started smoking cigarettes regularly? (328-329)

—	—	Code age in years
8	8	Never smoked regularly <b>Go to Q6</b>
7	7	Don't know/Not sure
9	9	Refused

<b>If "refused to core Q9.2, go to Q6</b>
---

<b>If "not at all" to core Q9.2, continue. Otherwise, go to Q4.</b>
---

3. About how long has it been since you last smoked cigarettes regularly? (330-331)

**Read Only if Necessary**

0 1	Within the past month (anytime less than 1 month ago) <b>Continue to Q4</b>
0 2	Within the past 3 months (1 month but less than 3 months ago) <b>Continue to Q4</b>
0 3	Within the past 6 months (3 months but less than 6 months ago) <b>Continue to Q4</b>
0 4	Within the past year (6 months but less than 1 year ago) <b>Continue to Q4</b>
0 5	Within the past 5 years (1 year but less than 5 years ago) <b>Go to Q6</b>
0 6	Within the past 10 years (5 years but less than 10 years ago) <b>Go to Q6</b>
0 7	10 or more years ago <b>Go to Q6</b>
7 7	Don't know/Not sure <b>Go to Q6</b>
9 9	Refused <b>Go to Q6</b>

4. In the past 12 months, have you seen a doctor, nurse or other health professional to get any kind of care for yourself? (332)

1 Yes  
 2 No **Go to Q6**  
 7 Don't know/Not sure **Go to Q6**  
 9 Refused **Go to Q6**

5. In the past 12 months, has a doctor, nurse or other health professional advised you to quit smoking? (333)

1 Yes  
 2 No  
 7 Don't know/Not sure  
 9 Refused

6. Which statement best describes the rules about smoking inside your home? (334)

**Please Read**

1 Smoking is not allowed anywhere inside your home  
 2 Smoking is allowed in some places or at some times  
 3 Smoking is allowed anywhere inside the home  
 or  
 4 There are no rules about smoking inside the home

**Do not read**

7 Don't know/Not sure  
 9 Refused

<p><b>If "employed" or "self-employed" to core Q12.8, continue. Otherwise, go to next module.</b></p>
---

7. While working at your job, are you indoors most of the time? (335)

1 Yes  
 2 No **Go to Next Module**  
 7 Don't Know/Not Sure **Go to Next Module**  
 9 Refused **Go to Next Module**

8. Which of the following best describes your place of work’s official smoking policy for indoor public or common areas, such as lobbies, rest rooms, and lunch rooms? (336)

- For workers who visit clients, "place of work" means their base location**

**Please Read**

1

Not allowed in any public areas

2

Allowed in some public areas

3

Allowed in all public areas

or

4

No official policy
- Do not read**

7

Don't know/Not sure

9

Refused

9. Which of the following best describes your place of work’s official smoking policy for work areas? (337)

- Please Read**

1

Not allowed in any work areas

2

Allowed in some work areas

3

Allowed in all work areas

or

4

No official policy
- Do not read**

7

Don't know/Not sure

9

Refused

**Module 15: Other Tobacco Products**

1. Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff? (338)

1 Yes  
2 No **Go to Q3**  
7 Don't know/Not sure **Go to Q3**  
9 Refused **Go to Q3**

2. Do you currently use chewing tobacco or snuff every day, some days, or not at all? (339)

1 Every day  
2 Some days  
3 Not at all  
7 Don't know/Not sure  
9 Refused

3. Have you ever smoked a cigar, even one or two puffs? (340)

1 Yes  
2 No **Go to Q5**  
7 Don't know/Not sure **Go to Q5**  
9 Refused **Go to Q5**

4. Do you now smoke cigars every day, some days, or not at all? (341)

1 Every day  
2 Some days  
3 Not at all  
7 Don't know/Not sure  
9 Refused

5. Have you ever smoked tobacco in a pipe, even one or two puffs? (342)

1 Yes  
2 No **Go to Q7**  
7 Don't know/Not sure **Go to Q7**  
9 Refused **Go to Q7**

6. Do you now smoke a pipe every day, some days, or not at all? (343)

- 1 Every day
- 2 Some days
- 3 Not at all
- 7 Don't know/Not sure
- 9 Refused

7. A bidi is a flavored cigarette from India.. Have you ever smoked a bidi, even one or two puffs? (344)

- 1 Yes
- 2 No **Go to next module**
- 7 Don't know/Not sure **Go to next module**
- 9 Refused **Go to next module**

8. Do you now smoke bidis every day, some days, or not at all? (345)

- 1 Every day
- 2 Some days
- 3 Not at all
- 7 Don't know/Not sure
- 9 Refused

**Module 16: Arthritis Module**

1. The next questions refer to your joints. Please do **NOT** include the back or neck. **DURING THE PAST 30 DAYS**, have you had any symptoms of pain, aching, or stiffness in or around a joint? (346)

1	Yes	
2	No	<b>Go to Q4</b>
7	Don't Know/Not Sure	<b>Go to Q4</b>
9	Refused	<b>Go to Q4</b>

2. Did your joint symptoms **FIRST** begin more than 3 months ago? (347)

1	Yes
2	No
7	Don't Know/Not Sure
9	Refused

3. Have you **EVER** seen a doctor or other health professional for these joint symptoms? (348)

1	Yes
2	No
7	Don't Know/Not Sure
9	Refused

4. Have you **EVER** been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? (349)

1	Yes
2	No
7	Don't Know/Not Sure
9	Refused

**Interviewer note:** Arthritis diagnoses include

- \* rheumatism, polymyalgia rheumatica
- \* osteoarthritis (not osteoporosis)
- \* tendonitis, bursitis, bunion, tennis elbow
- \* carpal tunnel syndrome, tarsal tunnel syndrome
- \* joint infection, Reiter's syndrome
- \* ankylosing spondylitis; spondylosis
- \* rotator cuff syndrome
- \* connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome
- \* vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)

**IF EITHER Q1 = 1 OR Q4 = 1 THEN CONTINUE. OTHERWISE, GO TO NEXT SECTION.**

5. Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?  
(350)

- 1 Yes
- 2 No
- 7 Don't Know/Not Sure
- 9 Refused

**Note: If a respondent question arises about medication, then the interviewer *should reply*: "Please answer the question based on how you are when you are taking any of the medications or treatments you might use."**

<b>If age is between 18-64 continue, otherwise go to next section.</b>
--

6. In this next question we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do?  
(351)

- 1 Yes
- 2 No
- 7 Don't Know/Not Sure
- 9 Refused